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1717 North Normandie Ave.
Los Angeles, Calif.

11 March 1946

SUBJECT: Summaries of clinical records. POW'S at Omi Japan.

TO : Medical Intelligence Officer.
Attention Major Saul Jarcho.

1. Enclosed are the records I promised you. They are complete clinical summaries of all the data which I have.
2. If you wish I will loan you the note books from which these records were made.
3. If a typed copy of the enclosed data is made I would appreciate a print.

/s/ Marvin I. Pizer
Major, M. C.

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Onio, Japan.

August 22, 1945.

Medical Report of American Prisoners of War at
No 7 Despatch Camp, Onio Japan.

The following report is a summary taken from my personal medical records of the American prisoners of war at No 7 Despatch Camp, Onio Japan. It covers the period from April 25, 1944, the date on which this group arrived in this camp to the date of writing. Commander A. H. Cecha M.C. U.S. Navy was the ~~only medical officer in this camp~~ senior medical officer in this camp. I was the only other medical officer until the arrival of Captain John Rizzolo on May 16, 1945. ~~The care of this group general care of~~ The eye, ear, nose, and throat complaints of this group were treated for by Commander Cecha and this report does not include his treatment or findings. The major surgical care was provided for by Dr. Nata, the local industrial surgeon to the company ~~for~~ ^{by} which the ~~entire~~ entire camp was employed. The records are not complete due to lack of facilities. From ~~to~~ I was absent from this camp and have no record. But notes of most of the major illnesses are included.

Laboratory methods were as follows:

Urinanalysis — urine boiled. Not tested for mucin, any white precipitate called albumin.

Sputum examination : Sputum was for tubercle bacillus. Sputum stained with carbolfuchsin and counterstained with methylene blue. No destaining was done. Red bacilli morphologically characteristic of Koch's bacilli were called tubercle bacilli.

Sedimentation Rates : Japanese army method was used. To 1.6 cc of 3.8% sodium citrate 0.4 cc of blood were added. The mixture was drawn into a tube about 2 mm in diameter in bore and allowed to stand. Readings were taken at the end of 60 and 120 minutes. The second reading was divided by 2, added the ~~for~~ first reading and an average taken of this sum. This represented the average column of clear plasma in one hour.

Stool examinations : Numerous stool examinations were made and organisms very similar to *Eudomeba histolytica* were seen but none were naoties even on the freshest stools. *Ascaris lumbricoides* infestation was extremely common in this camp. One survey of stools by myself showed that ~~of~~ over 50% of the camp contained *ascaris lumbricoides* again their stools.

31.
Weight Records: Weight records are available on every man included in this report. There are occasional obvious errors, but the same scale was used each time and the relative weights may be compared.

Drugs used: Cases of suspected amebiasis were given ~~courses of~~ Yotemin, ~~a Japanese~~ 7- Iodo-8- Oxyquinoline-5-sulfonic acid, (a Japanese brand of chiniofan.) This was given in courses of 4 or 5 cc of 3% solution daily, intravenously, for 10 days. Viometin, Iodochlorhydroxyquinolin 50% and pectin 50%, (a Japanese brand of Vioproform) was given in courses of one gram per day for ten days. These courses were often repeated when the drug was available. A few patients received emetine hydrochloride one or two percent. This was given daily in one cc doses for ten or fewer days. Few patients received full courses because of the shortage of this drug. Patients who had diarrhea recurring one or more times per month and who were unimproved by one of these drugs have been listed as probably having Amebiasis.

The cases listed as having suspected tuberculosis often received medication containing an unknown amount of arsenic. ~~They~~

Common illness encountered. The following illness occurred in epidemic form in this camp from time to time.

Edema: Pitting edema of the lower extremities, occasionally accompanied by fascial edema, and sometimes by ascites was always referred to by the patients as *bei bei*. This edema however was usually very resistant to thiamin hydrochloride in doses of 5 to 20 mgs per day and usually there was no accompanying peripheral neuritis. It was thought to be due to hypoproteinemia and definitely improved when the diet contained meat, fish, and soya beans.

"Painful feet syndrome." Many men complained of pain in the feet and always referred to their complaint as *bei bei*. The pain, however, was most often not neuritic in type but more in the nature of aching in the feet and legs after working all day. These persons usually were underweight, had muscular atrophy, though often no *pes planus*.

Some men had definite electric like pains and ~~tingling~~ tingling sensations in their feet, were made worse by rest, had exacerbations following ~~illness~~ febrile illnesses or diarrhea, and were improved by thiamin hydrochloride.

Gaseous indigestion: Most men complained from time to time of gaseous indigestion with hydrogen sulfide like gaseous eructations, much flatus, frequent watery stools, severe abdominal cramps. This always occurred when the diet contained large amounts of barley and was worse when it contained much soya beans. The diet often contained large amounts of both.

Fever: There were about four epidemics from the fall of 1944 (October or November) to the summer of 1945. These were characterized by gradual increase in the numbers taken ill until a peak was reached and then a gradual and sometimes fairly rapid diminution in new cases. The illness were characterized by sudden onset of fever which ranged between 37.5 and 39.5 and lasted from two days to a week or more. There was seldom any ~~separating~~ upper respiratory infection, never a skin eruption, and usually not much malaise or muscle pain. The fever was sometimes biphasic, reaching a peak, dropping almost to normal ^{for one or two days} and rising again to its former level. A frequent complaint was chest pain resembling pleuradynia. Several patients developed pneumonia and pleurisy with effusion during these epidemics. They were virus ~~epidemic~~ fevers in my opinion and may have been insect borne. There have always been either fleas or lice in this camp since my arrival.

Muscle cramps: A common complaint was cramp like pains in the muscles of the extremities. This was often extremely painful, and in a few cases caused carpal pedal spasm. The reflexes were never hyperactive, the cramps were not often correlated with diarrhea, and though the condition was commonest amongst those who sweated heavily — that is furnace workers, many others had the same complaint. It seemed to be improved by 30 day courses of calcium phosphate one gram per day and some sort of mixture of ~~desiccated~~ desiccated ~~chickens~~ glands which I ~~added~~ gave in doses of one half gram per day.

"6"
Scrotal dermatitis Some cases of scrotal dermatitis were seen but most were thought to be due to epidermaphytosis and responded to local fungicides.

Orbitoflavinosis - Some cases of maceration of the corners of the mouth were seen, seldom accompanied by dermatitis of the lips, ear lobes etc, but often with glossitis. They did not respond well to riboflavin.

Glossitis: There were not many cases of glossitis, atrophy, or painful tongue. There were a moderate number who had geographium of the tongue and occasionally border papillitis of the border of the tongue. These patients usually had chronic diarrhea.

Pleuritis There were about 5 to 10 persons in the entire camp (British and American) who developed local and palpable pleuritic friction rubs. These were frequently only mildly painful, might last only a day or two, and were accompanied by fever for only a day or two. Several had friction rubs which were painful and persisted for weeks.

Hematuria A unusually large number gave history of hematuria prior to coming to this camp. Few developed hematuria in this camp.

Renal pain A large number complained of abdominal and flank pain and on examination had costovertebral angle tenderness to shock percussion, nearly always unilateral, few had accompanying chills, fever, dysuria, cloudy urine or dysuria but many had frequency.

Emesis The most malnourished and. There were 4 or 5 cases of emesis. These occurred among the most malnourished and among the personalities to be expected of this complaint. Some however improved on sulfanilamide in small doses, and gave other symptoms suggestive of cystitis.

Hypotension: Amazing figures of hypotension are recorded. These blood pressure readings were taken with a aortic type of sphygmomanometer which was well made and is estimated to be accurate. In general the blood pressures of one year ago are much higher than those of recent date. Many men complained of "black outs". This is a tendency to faint but principally the vision failing suddenly. This was especially noted on bending forward or rising from the prone to the standing position. The complaint was very popular at one time as an excuse for avoiding work but soon lost its popularity. It is estimated to be a truly common complaint (far more common) than amongst ~~other average~~ healthy men of the same age.

11 March 1946. Further perusal of records show blood pressure figures below shock levels. The sphygmomanometer readings had best be disregarded.

- 306 W/2101196 C.W.O. SNIDER, E.J. ⁵ May 1/1944. Thiamin hydrochloride for painful feet syndrome. 8/15/45. Neuritic type pain and tenderness in lower extremities from time to time until present date.
- 307 6307788 M/Sgt. AUSTEN R.L. Health in this camp always good.
- 308 A/595008 DEPRETIS J. 3/30/45. Sudden onset of dizziness followed by slight nausea. Vomited one time. 3/31/45. Blood Pressure 150/70. 4/11/45 Dizzy spell lasting one half hour ~~and not~~ severe, one or two hours less severe. Impression: Cerebral vascular arterio spasm. 6/20/45 Sprained right ankle.
- 309 6251851 T/Sgt DAVIS RE Past history of rheumatic pains. Sometimes in this camp. No evidence of arthritis on physical examination. Acute diarrhea November 1942. Chronic intermittent diarrhea since then responding to Viomycin. Impression Amebiasis. ~~Examination~~: Sedimentation Rates 5/9/44 27, 9/8/44 7.0, 9/22/44 7.75, 9/30/45 10.25.
- 310 6885215 T/Sgt EGGERS J.A. 4/20/44 Regular weight 210 lbs. 3 Weight now 192 lbs. Chronic cough during past winter and ~~and~~ edema. 5/23/45. Periorbital edema, cold sensitivity, mental sluggishness, thick speech, tendency for mouth to hang open. Given ~~described~~ thyrox 0.065 grams daily with definite improvement in all symptoms and findings. Sedimentation rate 4/7/45 29.0. Impression: Hypothyroidism.
- 311 R/630014. 1st Sgt BASYDEL, F.G. Chief complaints of rheumatic pains right shoulder and pyrosis. Impression. Rheumatism. Sedimentation Rate 5/18/45 23.7.
- 312 6131858 T/Sgt HIGNEAULT W.A. Past history of tuberculosis age 5 years. 12/19/44 Tenosynovitis right foot. Recurrent diarrhea in this camp and severe weight loss. Sedimentation Rate 8/1/45 17.0. Chest examination neg.
- 313 6492275 T/Sgt DIRKS F.H. 4/26/45. Severe weight loss. Past history of severe weakness, scrotal and leg edema before arrival here. Height 6'4" Weight 145 lbs. Came in this camp of general weakness, edema, nocturia, frequency, severe carbuncles all improved following thiamin hydrochloride therapy. Sedimentation rates 5/18/44 37.75 9/8/44 19.0

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314, 20811427 1st Sgt VICKERY J.N. 12/28/44 Small area of pneumonia right base followed by low grade fever for about one month.
Sedimentation rates 1/17/45 8.75 1/20/45 5.0

315, 6274674 S/Sgt JAVIS P.B. 8/13/44 Back ache. 1/2/45 Backache 4/4/45
Back pain area of left costo vertebral angle and some frequency this date.

316 6139491 S/Sgt HALL L.M. Past history suggestive pulmonary tuberculosis age 10 years. 5/4/44 Mantoux 8x8 mm. Sedimentation rate 20 mm.
Chronic recurrent diarrhea possibly due to amebiasis. Chief complaint is frequent attacks of pain in the right lower quadrant of the abdomen often accompanied by nausea and vomiting. Physical examination of abdomen, inguinal rings, and external genitalia negative. Impression: adhesions or congenital membrane binding caecum. 6/24/45 Varicella.
Sedimentation rates 9/8/44 20.0 9/22/44 25.0 11/7/45 20.5

317 19056522 P.F.C. RAGLAND C.W. Past history of asthma, and chronic cough. Chest examination 5/30/45 loud inspiratory and expiratory rales. Impression chronic bronchitis. Course in this camp. Chronic weight loss largely due to selling of food for tobacco, chronic cough. Chronic emesis and symptoms of chronic cystitis. 7/29/45 Back pain with radiculitis 1st to 4th lumbar vertebrae. 8/1/45 Right testicle slightly swollen. Right spermatic cord tender. Digital examination of rectum normal. Prostate felt normal. Improved with sulfamido therapy. 8/11/45 Scrotal epidermophytosis. Sedimentation rates 5/18/45 45.0 9/11/44 33.5

318 6582764 S/Sgt LUDLOW W.S. Severe weight loss for about eight months rapid improvement when attached to kitchen personnel. Sedimentation rate 12/21/44 17.0

319 1300 1589 S/Sgt KUYENDALL A.G. Severe diarrhea and malnutrition on entry to this camp. Chronic recurrent diarrhea improved by Prometin. Impression: Amebiasis.

320 6910154 S/Sgt HOBANS M.D. Health good.

321 20843133 S/Sgt BAKER M.L. Chronic frequency, nocturia, dysuria, urinary urgency and sometimes bloody urine. Several times severe back pain radiating to testicles. Urine examination 4/27/44. No albumin but many shreds. Relief of symptoms with continuous treatment of small doses of sulfamido usually one gram per day. Frequent indigestion and pyrosis. Impression: Chronic pyelitis and cystitis.

322 R/3498358 S/pt EDGE, M. Past history of pleurisy with effusion. 5/12/44 Mantoux 13 X 20 mm wheel. Sedimentation rate 5/12/44 6.75. 9/8/44 11.0. Chronic diarrhea since July 1942 worse in summer than in winter, seldom severe. Impression. Possible amebiasis.

323 6874513, S/pt. BROWN, H.B. 10/10/44. Rock fell on left foot. Injury to second and third metatarsal bones.

324 6387599. S/pt. BISHOP, S.D. 4/29/44. Past history of frequent chest pain. Said to have had an injury to chest in April 1944. Finger injury in this camp while at work. Partial amputation of finger by local Japanese surgeon. 7/30/45 Inguinal pain and pain suggesting of prostatitis. Digital rectal examination negative.

325 6564687, S/pt BERTMAN, A. Chronic recurrent diarrhea with exacerbations since becoming a P.O.W. in the Philippine Islands. Chronic low grade fever intermittently recurring and lasting for months, Not definitely improved by quinine. Said to have had chronic malaria in the Philippine Islands. Impression: Chronic amebiasis, Chronic fever possibly due to malaria. Sedimentation rate 5/12/45 16.0

326 6835178, S/pt FIGNAR, A. Right middle and forefingers crushed and lacerated at work. Wounds debrided and closed. Healing satisfactory.

327 32024709 S/pt CONAN, E.A. Chronic recurrent diarrhea and fever. Impression Amebiasis and malaria. 10/27/44 Struck on head by a falling rock while at work on local quarry. Immediate concussion from which he recovered to stuporous uncooperative consciousness. Deep scalp laceration closed. No skull fracture to palpation. Gradual development of coma with rising blood pressure and tachycardia. 10:45 AM B.P. 120/70 Pulse 44. 10:45 PM B.P. 178/110 Pulse 160. Died 11:45 PM 10/27/44. Post mortem spinal fluid puncture revealed gross blood in spinal fluid. Final diagnosis: Head injury with scalp laceration, concussion and subarachnoid hemorrhage.

328 20843801 S/pt CLANTON, A.R. Past history of malaria in P.I. Tuberculosis in childhood, Chronic recurrent diarrhea, 5/4/45 Told his fears to me this day that his "mind was cracking". Aids from a tendency to deliberation and over earnestness when giving symptoms, no evidence of psychosis or major nervous was noted. Later developed a liking for codeine which he tried to obtain by false pretext. Many statements found to be false and strong impression of dishonesty formed by myself since he has been under my care. Diarrhea responds poorly to

specific Amebicides; has never been given emetine. 5/12/45. Genous of both hands noted when hands were in dependent position. 5/12/45 Pupils round equal and react to light. Heart normal size, ~~good~~ radial pulses equal. B.P. 90/60. 7/15/45. Small bit of shrapnel removed from left upper arm and right thigh under local anesthesia. Impression: Amebiasis, Possible arrested pulmonary tuberculosis, ^{possible} Psychoneurosis.

329 32092602 Sgt LARSEN Nutrition as animal in this camp was poor. Continued to lose weight because of hard work and poor diet. Developed edema of feet and pain in feet on walking. Gradual improvement during the past eight months. 2/20/45. Scalded foot. Healed in about 3 weeks.

330 6395204 Sgt. HUGHES F.L. Past history of syphilis adequately treated. 5/22/45. Varicose left side very tender. Treatment: suspensory. June 1940 injured first three fingers of left hand. Rapid weight loss during first three months in camp. Treatment chloamin hydrochloride and multiple vitamin pills. 12/11/44 Chronic diarrhea for three years worse in the winter. Impression: Amebiasis. 3/13/45 Chief complaint: Motor weakness, muscle cramps, head ache, scaly skin, aching in bones. Examination: Neurological examination negative except for severe muscle weakness and slight tremor of weakness. B.P. 105/58, skin erythematous. Examination for visceral syphilis negative. Treatment Vitamins A, D, Multiple Vitamin pills, calcium, ~~vitamin~~ Biotin. 3/16/45 B.P. 105/58. General marked improvement in spring and summer of 1945. Sedimentation rates 2/15/45 89.0 3/25/45 32.25.

331 66 TTH Sgt DURHAM W.O. Past history of rheumatism age 10 years. 5/1/44. Some shortness of breath since August 1943. 7/13/45. Slight orthopnea, basal rales, liver slightly enlarged and tender. Started on Digitalis. 12/20/44 Heart enlarged to the left and upward. loud prolonged systolic murmur, and rambling presystolic murmur at apex and mitral area. Since then has been continued on varying amounts of digitalis. At times has symptoms of extrasystoles ectopic systoles and probably short spells of complete arrhythmia. Pulse rate on digitalis 0.065 grams per day was 40 to 66. Impression: Rheumatic heart disease with mitral stenosis, cardiac dilatation and hypertrophy, intermittent arrhythmias, ectopic beats or auricular fibrillation and early cardiac failure with systemic congestion.

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332 7623737 Sgt. FOWELL J. W. General health and nutrition always good. 7/4/44 Complained of persistent headache. Spinal lumbar puncture: Fluid grossly normal and pressure appeared normal. Neurological examination negative except for questionable positive Babinski reflex of left foot. Repeated examination Babinski negative. In question? Headache, frightened toward work.

333 6250962 Sgt. HEREDITH E. V. 4/14/44 At about 8:00 AM this day was injured by an explosion while at work in local quarry. Taken immediately to local hospital and treated by local surgeon. Bone splinters removed. Small laceration made the fracture of leg compound. Leg improperly splinted by bandaging to a flat wooden splint. When seen by me he had developed a foot drop with ankylosis of ankle, chronic osteomyelitic sinus and bony deformity. Condition remained about the same to the present. X-Ray in August 1945 reported to show no large sequestra. 7/21/45. Following the second injection in a course of typhoid vaccination he developed almost at once after the injection a chill, vomiting and later diarrhea. Tongue cyanotic and Blood Pressure lying down was 20/10 ^{several times later was} ~~several times later was~~ BP 25/15 Pulse 136. 7/23/45 BP 50/48. 7/24/45. Gingivitis. Typical funiform bacilli and spirilla of Vincent's seen in fresh sputum. Injured with local applications of ~~iodine~~ Tincture of Iodine.

334 6376104 CPL DENMARK 1st Post history of ~~symptoms of~~ peptic ulcer ~~symptoms~~: Epigastric pain relieved by eating, black tarry stools. Treated for several months for severe upper quadrant pain relieved by eating and lower abdominal pain made worse by eating, persistent constipation, nausea and vomiting. Compression: Peptic ulcer. Spastic constipation. Treatment of milk, rice porridge, atropine, sedatives, antacids, Vitamin C, Phosphorus hydrochloride and organic iodide preparations specific for anemias. General improvement, and today complete recovery. Chronic gingivitis responding to Tr. of Iodine locally. Sedimentation rates 9/30/44 13.25 10/18/44 40.5 12/15/44 20.5

335 6975707 CPL STROBINS I

Chronic severe, almost constant diarrhea while in this camp. Responds to sulfamilamide, Viomycin. Has never had adequate therapy. Impression: Amebic dysentery. Had 3 injections of emetine. Third injection on 12/20/44 became infected. Large abscess left arm widely incised and packed by local Japanese surgeon, Dr. Naka.

336 6982522 CPL HENRIK HA Chronic intermittent diarrhea. 3/22/45 Pleuritic friction rub heard right chest mid axillary line below nipple level. 3/23/45 Developed ankle and facial edema. Sed Rate 3/25/45 28.25. Blood pressure 8/5/45 57/32.

337 6588778 CPL JOHNSON J.L. Developed extreme weight loss during early months of 1944-1945. Weight and nutrition now good. ^{August 1944} Left wrist injured when struck by Nippon worker. No evidence of fracture but pain and swelling prolonged. 8/31 Confirmed possible fracture.

338 1700372 CPL CHRISTIANSEN, A.L. Chronic recurrent diarrhea. Impression: Amebiasis. 10/31/44 Sacralis sprain sustained while at work.

339 6217725 CPL BIGHAM J.P. Family history of tuberculosis. Past hist of edema, malnutrition, and chronic cough on arrival in camp. 6/19/44 Fractured rib left side. 7/29/44 One 10 ^{injection} ~~injection~~ course of emetine with out improvement. 7/29/44 Past history of syphilis 1931 with immediate continuous treatment for sixteen months. 9/15/44 Sed Rate 9.75 3/15/45 Sed Rate 30.25 2/31/45 Sed Rate 64.5 4/2/45 Entered hospital ward complaining of extreme weight loss, emaciation, chronic severe cough, chronic post nasal catarrh. History of starvation due to trading of food for tobacco; standing extra night picket picket duty for tobacco. Examination: Emaciation, gingivitis, atrophic rhinitis, deviated septum and hypertrophic degeneration of lower turbinates. Chest not remarkable. Course in hospital. Chronic low grade fever for several months. Given every type of available vitamin: A.B.C.D, yeast preparation, and sometimes prolonged courses, of small amounts of sulfamilamide usually one gram per day. Gradual improvement. Condition now very poor. Sedimentation

⑦ rates. 9/15/44 9.75 3/15/45 30.25 3/31/45 64.5 5/11/45 62.0
 6/18/45 56.0. Blood pressure 8/5/45 66/45 8/7/45 62/43.
 Diag: Chronic pulmonary pathology.
 340 18016347 CPL GONZALEZ J.F. Past history of back injury in
 previous camp. Health in this camp good.

341 17019143, CPL SMITH. F. Family history of pulmonary tuberculosis.
 Past history of pleurisy 1939, 1940, 1942, 1943, 1944. First hemoptysis in 1943 since
 when clots and streaks of blood in sputum. 5/12/44 Mantoux 14x11 mm.
 Sedimentation rate 18 mm. 12/14/44 Sputum loaded with tubercle bacilli.
 4/30/44 Sputum loaded with tubercle bacilli. Sedimentation Rates
 9/25/44 54.25 11/4/44 91.0 4/22/44 68.25 12/5/44 78
 1/17/45 69.5 1/26/45 55.25. Sent to P. O. W. Hospital Tokyo. Has
 not returned to this camp.

342 35001350 CPL HARRIS H.C. 5/5/44 Family history of tuberculosis.
 Blood streaked sputum for past 2 weeks. Cough in this camp. General
 health good except for severe head aches from time to time.
 Should be examined for pulmonary and renal tuberculosis.
 Chronic fissure maceration at corners of mouth not responding to
 nistoflorin. Sedimentation Rates ~~27.25~~ 5/5/44 27.25
 9/8/44 27.0 9/22/44 26.5 1/8/45 9.75. 3/20/45 28.0

BOERS, CE.

343 19056382 CPL ~~Boers, CE.~~ Complaints on 5/23/45 after, soon
 after arrival in this camp were weakness, great weight loss, edema of
 legs; general improvement with thiamine hydrochloride. 8/27/44
 Glossitis - tongue beefy red. Impressed with multiple vitamin.
 9/17/44 Onset of jaundice with some pain radiating to right
 scapula. 9/27/44 Spasms of pain in left upper quadrant. no fever.
 10/3/44 liver down 3 fingers. Illness entirely apyrexial. Sed Rates
 9/12/44 10.75 9/30/44 6.5. 10/18/44 6.25. 11/8/44 liver down
 two fingers. Gall bladder ~~tender~~ not palpated by area tender with
 pain referred to left upper quadrant. Hyperaesthesia over entire
 intercostal areas and costal areas which terminate over
 the gall bladder. Past history of chronic indigestion and intolerance
 of fat. Impression: Cholelithiasis, cholecystitis, obstructive jaundice.
 5/28/45 Recurrence of indigestion & right upper quadrant pain
 with referred pain to right shoulder blade. liver down
 one finger. 8/10/45 For past year has complained of severe
 pain in area of left scapula. Possible left scapular
 subscapular bursitis. @ Cholecystitis & lithiasis.

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344 - 18015201 MR FLOSTER IV. A General health in the camp good. Has made several sincere attempts at suicide. Past history of symptoms resembling petit mal epilepsy. 5/29/44 Had an attack of confusion (?) and became violent while at work. 8/18/45 Has exhibited character defects of dishonesty, disloyalty, and antisocial conduct which in view of intelligence may be evidence of some type of early psychosis.

345 - 19032470, THAVE R 9/18/44 Symptoms of peripheral neuritis of feet improved by thiamin hydrochloride 11/13/44 Friction rub heard and pain at base of left chest and axillary line. General health good.

346 - 20843773 COL WHITTET TJ. Past history: Good health until December 1943, then bouts of fever with true chills and fever sometimes three times per day. Recurrences lasted 1 or 2 days every 10 to 15 days. Persisted until the warm weather of 1944. Concurrently the submaxillary and parotid glands became noticeable but not painful. No other illness or infection noted the development of a chronic ulcer on the left leg following trauma. Examination on 7/25 - on arrival in this camp. General health appears fair. Pupils round, regular, equal and react to light. Mouth well kept. Submaxillary glands enlarged and tender glands palpable. Heart and lungs normal. No abnormal water retention. Brown in this camp. No blood in stool on leg healed slowly. General health poor since June. No further work for interview and physical examination have been under special conditions but medical course ineffectual except for feeding of and care of patient. No further physical examination. (Signature) 7/25/44

trouble. Before coming to this camp, patient had been camped at chronic hepatitis and general toxic infection. Patient was not affected by any of the following drugs: Resonon (2-4 mg), 9-aminocaproic acid (100 mg), sulfadiazine, Vitamin B₁₂ (100 mg), 5-Oxyphenol - 5-sulfonamide (10 mg), Vitamin B₁₂ (100 mg), penicillin, or massive vitamin therapy of isolated vitamin concentrations. General health remained about the same despite long periods of complete bed rest. 7/6/45. Complaints were chiefly those of colitis, proctitis, and pharyngitis.

5/4/45 Sudden onset of extreme abdominal pain resembling bowel perforation but several days later the pain had subsided and no masses have ever been felt in the abdomen.

7/4/45 Received 50 cc of retracted whole blood. 7/15/45. Developed hypersensitivity of nose which had been perceptible for several months now was marked. Indirect laryngoscopy shows pale edematous edema of larynx and false vocal cords.

7/21/45. Received 500 cc transfusion of retracted whole blood.

7/22/45. X-ray of chest shows that lungs show infection.

Tuberculous left lung. 7/3/45. Esigmoidoscopy showed no evidence of colitis either ulcerative or tuberculous.

8/1/45. Under combined local and spinal anesthesia a gastrostomy was done by local Japanese surgeon, Dr. Naka. Patient had been inhibited 3 times per day for several weeks because of dysphagia. Post-operative course unremarkable. 8/10 Constant fever for several months - temperatures between 38° - 40° C.

Note: For months this patient has been in a small very crowded ward often lying next to men with active tuberculous tuberculosis.

Sedimentation Rates. 9/5/45 53 - 10/7/45 43.5, 11/22/45 44

12/3/45 30 3/15/45 45 + 2.5 3/5/45 52.5 5/1/45 64.5

8/10 Rapid decline in general health. Cervical lymphadenopathy becoming massive.

8/27/45 Died at 10:55 AM this date.

351 - 32092581 PFC TEGIA CONO P. General health fair. Frequent diarrhea summer of 1945. 11/11/45 Right foot injured when saw saw plate dropped on it. Pain and swelling over the head of the first metatarsal bone, no crepitation. Impression: Possible fracture.

352 - 18048889 PFC HERRIMAN FW. Several bouts of conjunctivitis winter of 1945. Several bouts of recurrent low grade fever in the winter and summer of 1945. Cause unknown. 6/22/45 Tachycardia from time to time with extra systoles, especially on exertion. Charted as breaks on exertion. Tendency to nervousness in the nature of stage fright, great cold tolerance, poor heat tolerance. Examination face flushed with circumoral pallor. Eyes negative. No fever or sweating. Neck - area of thyroid appears enlarged but thyroid not palpable. No bruit. Pulse 95. - This tachycardia checked many times and is persistent. Blood pressure 64/45. Impression: 1. Fever cause unknown. 2. Possible Thyrotoxicosis.

353 15065618 PVT COX R.N. 8/18/44 Fell down about five to eight days complaining of acute back pain. Position on falling not known. First examination. Acute general back ache and exquisite lumbar pain, lumbar muscles spastic. Maximum tenderness to palpation over transverse processes of 1st, 2nd, 3rd lumbar vertebra right side. Treated by bed rest for months. Symptoms persistent beyond expected time - probably patient's attempt to avoid doing work. - 6/25/45 lost tip of left forefinger. Self inflicted it while working - by patient's admission.

357 13001804 PVT. MAYMAN R.L. 4/29/44 Post history of pneumonia in February 1943; Influenza July 1943; Pneumonia with effusion left chest December 1943. No lymphatic involvement. 5/12/44 Mantoux 15 x 15. Sedimentation rate 3.75 9/9/44 S.O. 5/31/45 Chronic steaming butterfly distribution of acaly erythema of face and forehead. Does not have the usual induration and infiltration of lupus lesions.

358 -- 15017130 PTE YOUNTZ R.L. 4/29/44 Post history of old back injury as a P.O.W. Health in this camp good.

359 19054913 PFC FOURTNER R.R. Chronic intermittent diarrhea on arrival in the camp. Frequent backache - history of back injury in childhood. Impression ① Amebiasis ② Chronic back ache due to old injury.

360 38700536 DOWELL D.A (PVT) Post history of pneumonia in the Fall of 1943 5/11/44 Friction rub over anterior left chest. Chronic fever from virus to tons sometimes treated with penicillin 3/26/45 Low grade fever following influenza. Pleuritic friction rub heard in right chest. 4/21/45 Friction rub periods. 7/16/45 Epigastric pain relieved by eating and antacids. Chronic intermittent diarrhea for several years. 8/1/45 Abscess left foot incised. Impression ① Amebiasis ② Chronic recurrent pneumonia possibly tuberculous ③ Possible optic atrophy ④ Abscess left foot.
Sedimentation Rates 9/11/45 5.0 3/23/45 7.5 4/12/45 7.5

361 19024115 DAY G Complaints of pain in right arm below old gun shot wound. Weakness Examination: Weakness of left hand possible atrophy of deep arm muscles. Has stocking and glove anesthesia to pin prick both arms and both legs. 5/25/45 Rents appendicitis like pain lasting 48 hours; abdomen has guarding without rigidity. Impression ① Old Gun Shot Wound Left arm possible nerve injury ② Physiological anesthesia ③ Appendicitis - healed.

15017357 PVT. MANCINI F.

362 ~~15017357 PVT. MANCINI F.~~ Past history of possible psychopathic conduct in previous camp. Several attacks of bronchial asthma relieved by phedrine by mouth. 7/1/44 Left upper molar tooth extracted under poor local anesthesia. Extraction difficult and prolonged. That day patient had 3 epileptiform attacks. Pulse at that time between attacks was 38. The day following 54. Has had several such attacks since then probably 5 or 6 in all. Impression: 1) Idiopathic epilepsy. 2) Bronchial asthma.

17063269 PVT. BEEH D.K.

363 ~~17063269 PVT. BEEH D.K.~~

General conduct in camp bordering on psychopathic. Sometimes voiced fear of walking out of camp in his sleep. General timidity. 5/11/44 Appendectomy by local Japanese surgeon, Dr. Noto. No evidence of appendicitis but small fish-bone found lodged in the distal tip. No inflammation of any part of appendix. Impression: 1) Psychoneurosis type not determined.

364 19032477 PVT. TROTTER R.L.

Past history of diabetes on arrival in Japan probably diphtheritic. 4/20/45 Deep infection of left forefinger increased and healed. Eventual healing satisfactory. 5/31/45 to present date Tumor over right inguinal area which subsides with rest and appears on walking. Inguinal ring not very much enlarged. Impression: 1) Inguinal hernia.

365 13962902 PVT. FULKERSON J.F.

Chronic intermittent severe diarrhea. Impression: anemic dysentery. 10/12/48 Herpes zoster of intercostal nerve between ribs 10 and 11 rapidly improved with fluorium hydrochloride treatment. 4/30/45 Questionable hematuria in the past on questioning. 7/22/45 Given Calcium one gram daily for muscle cramps and pain. Claims to be improved. Impression: 1) Anemic Dysentery. Also chronic sinusitis probably due to cystitis.

(16)

371

1107495

PT JOHNSON C.E.

Past history of

blood, said to have had a peptic ulcer. Past history of sudden blindness while in POW camp. Blind for two weeks and passed - 5/21/44 Sudden colic like pains in left upper abdomen with radiation to the pubis. Claims to have had many such attacks, usually after being chilled. Past history of gonorrhea with epididymitis, urethritis, and prolonged urethritis. 5/21/44 Physical examination: Visual fields, and mental acuity, roughly normal. Rectal digital examination: no nodules, somewhat tender. 5/21/45 Fell down 2 or 3 stairs landing on

hillsides. Injured to complete paralysis of both legs and loss of light sensation both legs. About five hours later some sensation returned and patient was able to move his toes. Later examination showed normal motor sensibility. Biceps, triceps, and knee reflexes, abdominal cremasteric, Babinski reflexes normal. 5/21/45 Throat punctate, fluid clear, pulse roughly the same as in morning.

6/18/45 On excitement, anger and over fatigue he has a slowly developing cramp like "stitch" in the side. Pain with shallow breathing, being unable to take a deep breath. The pain radiates into the left scapular area. Heart small, no murmurs, rhythmic and regular. BP. 85/48. Liver and lung normal. Impression of

① Nervous instability ② Diaphragmatic spasm ③ Possible hysteria ④ Possible peptic ulcer. ⑤ Possible nephrolithiasis of left kidney. ⑥ Possible hysterical amblyoparesis.

372

20690426

PT RUSCH H.A.

Past history of psychopathic personality or mania in that he violently attacked several people before coming into the in civil life. History of attacks of head aches and confusion in previous camps. Also attacks of violence in which he tried to do bodily harm (as a result even his close friends), afterwards expressing great regrets. Has had similar attacks of violence in this camp. Some history suggestive of petit mal epilepsy. During attacks of maniacal excitement he is exceptionally strong, seems completely disoriented, grinds teeth, and appears trance like but not especially excited.

Between these rare attacks he is pleasant, courteous, cooperative, cheerful, and well oriented. On 5/27/44 he was sent to POW hospital Tokyo and returned here 6/14/45 Impression ① Latent epilepsy ② Intermittent homicidal mania. Recommended psychiatric confinement at once.

373 16013489 PFC MERCER CA

Post history of congenital heart disease. 5/8/44 hand to and from numerous. Heart not enlarged. No clubbing of fingers, but sometimes cyanosis. 5/10/44 Severe chest pain resembling pulmonary embolism, but no further recurrences. No other evidence of bacterial endocarditis. Has never given evidence of congestive heart failure. Impression? Congenital heart disease.

374 19054926 PVT SPALL

Post history of deafness following bombing attack while on duty in the Philippines Islands. Impression chronic otitis media and auditory nerve neuritis. Post history of severe low back pain for some years. Several such attacks in this camp, with complete disability and great pain. Partial relief obtained with a crude back brace made of the girdle strap, pad over the sacroiliac joint, and upright bar fixed to a cross piece which in turn was strapped to the shoulders. Impression ① Auditory neuritis bilateral following explosion. ② Sacroiliac back ache cause unknown, chronic, recurrent.

375 1403538 PVT BREWER WT

Chronic recurrent shankha, chronic indigestion, and urinary complaints of enuresis, frequency, dribbling and with urgency and no control when urged to micturate. 5/31/44 Pupils and pupillary reflexes normal, patellar reflexes and rectal tone sphincter normal. 10/20/44 saddle area normal to pin prick. 4/18/45 lacerated left 4th finger healed satisfactory. Impression ① Possible anastomosis ② Chronic cystitis. ~~Diabetes mellitus~~

376 19019929 PVT BEYOLDEN CN

Post history of malaria, jaundice, and weight loss on arrival in Japan. January 1943 treated by rest for 3 months for "pumpkin feet" anorexia and edema. September 1943 - Gross hematuria with clots, aggraving, right renal pain with radiation to testicle and dysuria, chills and fever. Three attacks of back pain in three previous years but no hematuria then Oct. 1943 was in POW hospital Osaka for 4 months and had three such attacks. In March 1944 worked one week and had great edema of left leg only from the hip down, had no infection. Pulmonary history. The son father's family, sister possibly tuberculous. Had occasional blood streaked sputum for two years. Pain frequently in precordial

(2)

386 19051210 PVT JANSEN RL.

Part history of dry beriberi and corneal ulcer in 1943, pneumonia in March 1943
 Course in this camp. 5/12/44 Mantoux 10x9 Sed. Rate 5.25
 Complaints of frequent chest pains. Tendency to recurrent low
 grade fever. Sed. Rates 9/11/44 6.5 12/20/44 6.5 Blood
 pressure ~~60/25~~ 8/6/45 60/28

387 1303224 PVT WHITBECK ET. General health

very poor because of extreme weight loss and general weakness.

3/22/45 Deep abscess (hematogenous) appeared in left deltoid muscle.

Incised and drained. Infection cleared by wound very pallid,
 bloodless and slow in healing. Onset of low grade fever
 developing into high afternoon fever by 4/2/45. A fibrinous
 sterile exudate proven by thoracentesis of the left chest - basal.
 Then developed a sterile hyarthrosis of the right knee.

Thick gelatinous fluid aspirated several times for relief of pain.

5/9/45 B.P. 88/45 Belly tender to deep palpation over area
 of the second part of the duodenum, but no mass felt.

Condition at this time - very anemic, underweight, chills, sweating
 and continuous fever. 6/11/45. Physical examination

eyes, ears, nose, throat normal. chest examination normal B.P.
 90/60 liver and spleen not palpable. K.J. and A.J. normal. No

edema. No lymphadenopathy. 7/31/45 X-Ray of chest - poor film
 but no definite gross pathology. Probable thickened pleura on right

side. Hilarus possibly infiltrated on the right side. 8/2/45
 Slight pain left lower abd and left costovertebral angle on deep

palpation. 8/6/45. Prolonged sulfamylamide therapy without
 effect on fever. Rectal examination revealed tenderness anterior above
 the prostate, but no masses 8/14/45. Crinine 2 grams per day begun
 but little effect on fever.

Sedimentation rates: 3/31/45 42.0 4/13/45 55.5 5/11/45 80.5
 6/18/45 65.75 7/24/45 39.0

Impression ① Fever cause unknown. Possibly due to
 lymphoma or other granuloma, chronic malaria, tuberculosis
 etc. ②

8/31 Started on penicillin 80,000 U/d.

388

17024980 PVT CYRETTE B.A

Post history of

pleurisy with effusion, adolescent tuberculosis, and family history of tuberculosis. 5/12/44 Mantoux 15x15 Sed Rate 31.0
Sputum of 5/4/44 positive for tubercle bacilli sent to P.O. hosp Tokyo on 8/15/44. Post history of chronic diarrhea. Stool examination at hospital said to be positive for *E. histolytica*. Returned to this camp 12/28/44. General health here good (definitely much improved to condition on 3/17/44) except for chronic diarrhea.
Impression: ① Amebiasis ② Pulmonary tuberculosis.
Sed Rates 12/29/44 11.0 4/13/45 12.5 7/24/45 12.25

389

15061706 PFC SMITH H.A

Post history of

injury to eyes and ear in bomb blast in P.I. General health in this camp good except for pain in right eye (corneal opacity) — partial deafness, chronic diarrhea and tendency to fainting — sometimes when patient is sitting at rest. 11/4/44 BP 70/00

390

39030884 PFC PETRUZELA H.F

6/22/44 Small

finger of left hand injured, possible fracture. 10/13/44. Developed vague complaints of weakness, general unhappiness and feeling of poor health. Developed a severe coarse tremor of head which has since much improved on being kept in camp. 10/13/44
Glove and stocking anaesthesia to fin, absent gag and corneal reflexes.
Impression: Hysteria

391

68636355 PFC BEASOR W.L

Post history of

poor general health and hemoptysis in winter 43-44.
5/4/44 Mantoux 10x10 mm 5/12/44 Mantoux 13x14 mm.
Sed. Rate 68.5. Course in this camp of poor general health and weakness, probable secondary anemia, frequent giddiness and sometimes fainting. Moderately frequent diarrhea. 1/4/45 Frost bite of both great toes Sed. Rates
9/10/44 44.0 9/19/44 50.5 10/29/44 41.75 1/24/45 17.5 4/13/45 47.0 7/24/45 57.0 Blood pressure 11/2/45 110/78. Impression
① Possible pulmonary tuberculosis ② Secondary anemia ③ Possible amebiasis ④ Syncope cause unknown.

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392 17017228 PVT BORDENET E.O.

Part history of psychopathic conduct in previous camp. Definite psychopathic actions in this camp of irritability, accusation of room mates of ridiculous crimes against himself, washes excessively etc. Confesses to hallucinations, possibly illusions and ideas of control by outside agencies. General health good except for great weight loss.

Impression: Schizophrenia

393 6914744 PFC BLAND F.C.

Part history chronic cough. Mother died of tuberculosis. 5/1/45 Sputum loaded with tubercle bacilli 5/12/44 Mantoux 11 x 10 mm Sed Rts 28.5. 5/27/44 Sent to POW hospital Tokyo. 12/29/44 Returned to this camp general health improved. Chronic recurrent diarrhea. 8/6/45 BP 52/36 Sed Rates 12/29/44 15.0 3/24/45 17.75 6/18/45 24.5 7/24/45 28.0 Impression ① Pulmonary tuberculosis ② Amebiasis

394 17014331 PVT JAMES W.T.

5/2/44 Post

history of chronic diarrhea, leg injuries and hand injured, hemoptysis in small amounts for several months, pleurisy two times in the winter of 43-44 and pneumonia one time. Family history: Father had tuberculosis. Course in this camp: General health has remained the same. Has had recurrent diarrhea. Sedimentation rates 5/12/44 32.0 9/8/44 37.5 10/29/44 47.0 3/15/45 48.0 4/18/45 25.25 7/24/45 35.25. Impression:

① Possible pulmonary tuberculosis ② Possible Amebiasis

395 6560204 PFC MILLER J.W.

4/36/44 Post

history of gross hematuria winter of 1943-44. Clots of blood in sputum one month ago. Pleurisy 1939 and similar attacks since then. 5/12/44 Mantoux 2 x 16 mm. Sed Rts 32.5. 7/18/44 Sputum contained tubercle bacilli. 8/18/44 Sent to POW hospital Tokyo. 1/31/45 Returned to this camp. States that stool found to contain Anemia histolytica on examination in hospital. Said to

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were had shreds in urine, hematuria and right flank pain
~~present~~ symptoms of cystitis while in Tokyo.
 Sedimentation Rates 4/13/45 12.25. 7/24/45 7.75.
 Blood pressure 8/5/45 68/18. General health in this
 camp has been good except for chronic diarrhea.
 Impression: ① Pulmonary tuberculosis ~~as suspected~~
 inactive ② Renal tuberculosis ③ Amebiasis.

396 6944458 Pvt FURL LL. 5/16/44. Past history
 of back injury due to a blow during fighting in P. I.
 Complained this date of back pain radiating from lower ~~sacral~~
 lumbar and sacral area into the hips and feet. Maintained
 this complaint for about one month, but when not excused
 from work he dropped this complaint and has not complained
 of backache since. Past history of low grade fever for
 five previous years. Formerly drank much goat's milk.
 Has had jaundice while working in a silk factory.
 Course in this camp: Frequent fever temperature of 37.3°
~~Course in~~ Complained frequently of severe pyrosis and
 excessive salivation sometimes relieved by atropine.
 Has a speech defect. Had inability to repeat such test
 phrases as "Around the rugged rocks the ragged rascal
 ran." Had almost daily hypochondriacal complaints
 which he was never able to explain in terms of ordinary
 symptoms. Blood Pressure 8/5/45 60/32. 7/25/45 Right
 epididymus undrained. Sed Rate 9/8/45 7.0.
 Impression: Systemic illness such as undulant fever.

397 6979249 Pvt MIRANDA J. W. Past history
 of rheumatic fever age 16. Several heart examinations
 showed transient systolic murmurs. Course in this
 camp: General health good. Complained of several attacks
 of sudden chest pain and sudden abdominal pain but
 physical findings were always negative. Sedimentation
 rates 9/15/44 8.75 9/19/44 17.75.

398 38011951 PFC JORDAN H.A. General health in this camp poor due to weight loss. Much improvement in the spring and summer of 1945.
 6/25/45 Had pain right costo-vertebral angle and along course of right ureter. Urine was grossly clear. Std. rate 8/1/45 44.25. Blood pressure 8/4/45 88/52 8/5/45 80/42.

399 16017860 PVT GRAHE W.V. General health in this camp to Hammetts was good. Complained of quick fatigue when working, anxiety, unhappiness, nervousness, inability to sleep and emotional instability, and sometimes nervous indigestion. Condition was very much improved after he was employed in camp and no longer under Japanese supervision at work.
 Gram stain 5/12/44 11 x 10 mm. Std. rates 5/12/44 23.75
 9/7/44 42.5 10/29/44 31.25 12/23/44 11.25. During period of most severe nervous he complained of sweating, dyspnea, and tachycardia was noted though not complained of.
 Blood pressure 8/6/45 96/24
 Impression: ① Neurocirculatory asthenia ② Anxiety type of neurosis.

400 18001810 PVT LANE R.N. Past history of chronic disease. Came in camp 12/19/44 Weight loss of 13 kilograms in 40 days. Hammetts: severe emaciation and weight loss, ^{only} entire right chest especially the posterior superior and lateral-inferior areas, loud moist rales were heard. This area was dull but not flat to percussion. Left chest was normal. 12/3/44 Chest finding the same. 1/6/45 Chest finding the same. Thoracentesis but no fluid. Impression at this time of possible empyema abscess supra or infra diaphragmatic. This was not palpable. From January 20, 1945 to March 10/45 had a spiking fever which now began to subside. Chest examination on 3/19/45 showed fewer rales. Auscultation of costo-phrenic gutter was dry. This area was still dull. No hepato-megaly. Constant tremor during entire illness. 4/8/45 Started on 1 cc. of 2% eucaine daily for ten days. Diarrhea completely cured by this treatment. High epigastric pain for months not much affected by this treatment. Patient

Also complained of severe pain over right lower chest which spontaneously subsided sometime after the disappearance of the physical findings. 6/11/45

Had injected left tympanic membrane of one or two weeks and a definite swelling noted in vicinity of the left parotid gland and the left post auricular lymph nodes. 6/11/45 Chest examination showed only a occasional rale and slight diminution of breath sounds over right lower chest posterior and lateral. Heart sounds were negative, liver and spleen not palpable. The area of the head of the pancreas was tender to palpation. No masses were felt. From April 1, 1945 to May 13, 1945 maintained a flat temperature of about 37.8°C . with few variations. May 14, 1945 temperature became erratic going up to 40°C but ~~coming~~ ^{dropping} down to 37°C in the A.M. Temperature gradually dropped so that from June 1st to June 26th temperature ^{rose} ~~was~~ above 37° on only five days. June 28th 1945 patient was discharged from local dispensary hospital.

Laboratory findings: Sed Rate 9/10/44 3.5 12/12/44 20.0
 12/24/44 58.5 1/20/45 5.5 2/16/45 8.0 3/31/45 7.5 5/11/45 9.0
 5/17/45 9.0. Urine 10/2/44 no albumin.

Summary: ~~Extensive pulmonary~~ febrile illness, chronic, with extensive pulmonary ~~and~~ involvement, spontaneously subsiding, accompanied by high abdominal pain not explained by physical findings, possible parotitis, unusual sedimentation rates such as found with hyperglobulinemia, spontaneous recovery.

Impression: Systemic Sarcoidosis or Besnier - Boeck - Schauman disease.

② Anebiosis

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401 20843824 PFC THOMPSON J. R.

Post history of pleurisy three times with blood in sputum. Family history: Pneumonia three times in the United States. Family history: Two sisters have pulmonary tuberculosis. Course in this camp: 5/12/44 Mantoux 13 X 12 mm. Sed. Rate 24.5. Has had chronic intermittent diarrhea, chronic weight loss occasionally blood and mucus in stools and pain resembling colic of the colon. B. P. 10/25/44 95/60 Sedimentation rates 9/8/44 13.0 10/29/44 19.25 1/30/45 36.25. Impression: Possible pulmonary tuberculosis
 ② Amebiasis.

402 19054276 PFC HAYES C S

Post history of syphilis inadequately treated. Given a short course of ^{previous} Bismuth in this camp. Had chancre in 1941. Dark field positive; treatment started at once and continued continuously for nine months. Wasserman said to be positive and patient had a ~~syphilitic~~ secondary skin eruption. Course in this camp: 4/26/44 Flank pain, dysuria, belly pain, nausea, and flank tenderness. 4/27/44 Urine contained shreds but no albumin. Had some generalized & facial edema. Given sulfanilamide. 5/11/44 Renal colic type of pain right kidney area. 7/14/44 Urine cloudy, albumin 2 or 3 plus. 7/18/44 Given bismuth 2 grains per week continuous course for ~~several months~~ about 5 or 6 months 12/13/45 Serpiginous skin lesions on neck possibly leucetic. Developed severe abdominal pain and vomiting; possible ~~leucetic crisis~~ tobitic crisis. Pupils and K.J. normal. 12/20/44 Pain follows the course of a lumbar radiculitis with hyperalgesia of the skin in a band lumbar 1 to 3. Is relieved somewhat by flexion of back and made worse by hyperextension. Started on Myoarsenim, a Japanese arsenical for subcutaneous administration. Given 45 grains per week.

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40 5/27/45 A short time after arsenical therapy stopped the abdominal cramps became much lessened in intensity. Arsenical sensitivity considered ~~high~~ ^{low} there, but there had been no such abdominal pain when on arsenical therapy in the United States. Patient has never shown evidence of mucous membrane syphilis but has a had a chronic indurated type of dermatosis on the back of his hands, a chronic impetogenous or seborrheic dermatitis of the face and luetic looking nuchal of the neck. General health has been poor because of uncontrollable habit of trading food for tobacco. History has never been reliable since the patient habitually lies in all matters concerning his health in order to evade food trading regulations and in order to avoid work. Often has diarrhea. B. P. 8/5/45 38/35.

Impression ① Syphilis, with syphilis of skin, possibly early ~~late~~ ^{early} syphilitic meningovascular syphilis of spinal cord and resulting radiculitis. ② Malnutrition. ③ Possible Osteoarthritis

403 6955646 Rk Bush RH — Post history of malaria recurrent, scurvy, anemia, and often low grade fever. Said to have had malarial onset in 1939 and some question of malarial fever in 1939. Had complete paralysis of right leg of very sudden onset with slow recovery being hospitalized for seven months. Malaria in 1940 responded slowly to quinine. Severe untreated "malaria" with jaundice for six weeks and complete recovery. Japan November 1942 had "influenza or malaria" for 3 months. Since then has been in a hospital twice with pain in the right leg, large erythematous areas, chills and fever, inguinal lymphadenopathy, and edema and stiffness of the leg and gradual recovery. History of hospitalization for
Course in this camp: 5/1/44

②9 six months at Fort Mills ante bellum. Had chronic fever up to 103°; anemia, leukocytosis, lung pathology by X Ray, lymphadenopathy right groin, erythematous patches up to five inches in diameter and these areas would migrate. These areas never appeared above the hip. Final diagnosis at Fort Mills was Undulant Fever. (Patient had drunk goats milk in the United States) This history ~~is~~ is a repetition of the above and does not correspond in all points. Patients' history ~~is~~ statements in this camp have often been ~~unreliable~~ unreliable.

Course in this camp. Has had bouts of prolonged fever not responding to quinine; sometimes recurrent diarrhea. Had a yellowish pallor of anemia for

~~about one year~~ ~~in~~ this camp but seldom had the symptoms of a severe anemia. Sed Rate 9/30/44 13.5.

Impression ① Chronic malaria ② Possible Undulant fever ③ Possible Amebiasis. ~~3~~

404 19049120 PFC HORTON W.A.

Past history of intermittent beriberi; pneumonia in February 1944 - jaundice in the P.I. Course in this camp. Has ~~also~~ all way complained of recurrent chest pain^{and} complete exhaustion even after very moderate work. General health has improved while in this camp. Has had a consistently high sedimentation rate. Feels much improved by small doses of caffeine by mouth. Has internal hemorrhoids which occasionally bleed but has had no great blood loss.

Sed. Rates.

9/8/44	30	10/18/44	60.25	11/22/44	45.75	3/20/45	50.5
9/22/44	13.25	10/29/44	57.25	12/12/44	41.5	7/24/45	53.0
9/30/44	46.5	1/19/45	33.0	1/19/45	33.0		
10/10/44	61.5	2/2	35.5	2/2/45	35.5		
		2/12	59.0	2/12/45	59.0		

Impression: Chronic afebrile illness possibly tuberculosis.

Post history
 age 15 years and sanatorium treatment for
 yrs. Severe pneumonia November 1942.
 in hospital for five months ^{with} fever. Claims to have
 had blood streaked sputum for months until spring
 1944. Course in this camp: 5/12/44 Mantoux 9x9 mm
 Sed Rate 18.5. Has had chronic post nasal drainage for
 2 1/2 years and severe racking cough. The cough has been
 very much improved by creosote tablets and some type of
 Japanese cough powder said to be good for tuberculosis.
 Has had ~~constant~~ weight loss severe weight loss due to
 inadequate rations and the uncontrollable habit of
 trading food for tobacco. Sed Rates 9/7/44 58.5 10/29/44
 39.25 12/3/44 24.0 12/12/44 23.0 3/4/45 22.0
 4/7/45 46.25 5/12/45 23.0. X-Ray film of July 23,

1944. ~~Pl.~~ Pleura, hilum, lung markings not remarkable.
 Posterior at levels of ribs 6-7-8 are 3 shadows. The 1st 1.5 x 1.5 cm.
 The others a little larger. All but the 1st are located away from
 hilum. All are faint and smudged but definite in outline.
 Impression: Possible Pulmonary Tuberculosis.

303 ~~6578144~~ CPL OLSEN E February 22 1945 twisted
 foot and fell while working. Treated by local Japanese surgeon
 as a sprain. Physical examination about one month later
 showed deformity of fibula. X-Ray on April 30, 1945 showed
 old well healing oblique fracture of fibula just above the
 malleolus. Has had several recurrences of malaria responding
 well to quinine. No recurrences in the ~~past year~~ 6 months.
 304 14026216 PVT HUNALLY G.R. General health in this
 camp good.

305 ~~3303~~ 455 PVT SEAMAN G.W. General health in this
 camp good.